

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

INSTITUTION ICF

PHS0063

NAME

NUMBER

R/S

Charles Weber 159516 W/E

Lay-in for _____ days from _____ (date) to _____ (date)

(date)

due to _____

(date)

Rest today - no outside
long periods over 10-15 mins.

Instructions:

Failure to follow the directions above may result in a disciplinary.

Date Issued

8/2/03

Signature

William Weber

F-53

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

INSTITUTION ICF

NAME

NUMBER

R/S

Clucke, Debra 159516 W/E

Lay-in for _____ days from _____ (date) to _____ (date)

(date)

due to _____

(date)

Instructions:

① Clostrimox Vn Cream hqd

x 30 days (use for 7 night)

Failure to follow the directions above may result in a disciplinary.

Date Issued

10/8/13

Signature

JS. Jr

F-53

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

INSTITUTION Jul

NAME Clarke, Alema NUMBER 159516 R/S WJ

Lay-in for _____ days from _____ to _____
(date) (date)

Lay-in for _____ days from _____ to _____
(date) (date)

Instructions:

Self treat to pain

Instructions:

Warm salt gargles
three times a day for 5 days

Failure to follow the directions above may result in a disciplinary.

Date Issued 10/22/93 Signature Thompson

Failure to follow the directions above may result in a disciplinary.

Date Issued 10/25/93 Signature Thompson

HEALTH CLASSIFICATION

INSTITUTION Tut

NAME Blackley, Debra NUMBER 159576 RIS W/P
LAY-IN DATE 8/18/93 DUE TO building in phase
DAY FROM 8/17/93 TO

DUTY STATUS CHANGE ONLY:

CLASS I ☐ PHYSICALLY ABLE TO UNDERTAKE ANY JOB ASSIGNMENT
CLASS II ☐ LIMITED DUTY, SPECIFY BELOW:
DISABILITY CAN:

- A. SWEEP FLOORS
- B. MOP FLOORS
- C. KITCHEN WORKER (SEE ALSO NO. 1)
- D. FOLD CLOTHING IN LAUNDRY
- E. WIPE AND CLEAN WINDOWS
- F. WIPE AND CLEAN BASEBOARDS
- G. LIGHT YARD WORK
- H. CLERICAL WORK
- I. MAY LIFT _____ POUNDS
- J. MAY PARTICIPATE IN TRADE SCHOOL UNLIMITED
- K. MAY PARTICIPATE IN TRADE SCHOOL LIMITED

SPECIFY _____

CLASS III ☐ UNFIT FOR ANY WORK ASSIGNMENT-DOES NOT RESTRICT FROM LIGHT HOUSEKEEPING IN OWN LIVING AREA

A&I ☐ TOTALY DEPENDENT FOR PERSONAL NEEDS

Report to Her when called.

FAILURE TO FOLLOW THE DIRECTIONS ABOVE MAY RESULT IN A DISCIPLINARY

DATE ISSUED 8/17/93 SIGNATURE Quinn Thent wal

CC: MEDICAL FILE/INSTITUTION CLASSIFICATION/INMATE

HEALTH CLASSIFICATION

INSTITUTION Tut

NAME Blackley Debra NUMBER 159516 RIS W/P
LAY-IN DATE _____ DUE TO _____
DAY FROM _____ TO

DUTY STATUS CHANGE ONLY:

CLASS I ☐ PHYSICALLY ABLE TO UNDERTAKE ANY JOB ASSIGNMENT
CLASS II ☐ LIMITED DUTY, SPECIFY BELOW:
DISABILITY CAN:

- A. SWEEP FLOORS
- B. MOP FLOORS
- C. KITCHEN WORKER (SEE ALSO NO. 1)
- D. FOLD CLOTHING IN LAUNDRY
- E. WIPE AND CLEAN WINDOWS
- F. WIPE AND CLEAN BASEBOARDS
- G. LIGHT YARD WORK
- H. CLERICAL WORK
- I. MAY LIFT _____ POUNDS
- J. MAY PARTICIPATE IN TRADE SCHOOL UNLIMITED
- K. MAY PARTICIPATE IN TRADE SCHOOL LIMITED

SPECIFY _____

CLASS III ☐ UNFIT FOR ANY WORK ASSIGNMENT-DOES NOT RESTRICT FROM LIGHT HOUSEKEEPING IN OWN LIVING AREA

A&I ☐ TOTALY DEPENDENT FOR PERSONAL NEEDS

mtg with 11/10/93 to schedule the

DATE ISSUED 8/23/93 SIGNATURE Debra 11/10

CC: MEDICAL FILE/INSTITUTION CLASSIFICATION/INMATE



PRISON
HEALTH
SERVICES
INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 2/14/06

To: DOC

From: HCU

Inmate Name: CLARKER Debra ID#: 159516

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

PLEASE Give double Portion of vegetables & Fruit
 (1) KOP Nicotazole X 14 d X 180d
 (2) KOP MAA10X X 90 days

Date: 2/14/06 MD Signature: [Signature] Time: _____

60418

PHS0066



PRISON
HEALTH
SERVICES
INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

12

Date: 2/13/06

To: DOC

From: HCU

Inmate Name: Clackler Debra ID#: 159516

The following action is recommended for medical reasons:

1. House in Wing in - 1 week
2. Medical Isolation _____
3. Work restrictions work stop 2 weeks - if denied
4. May have extra _____ until _____
5. Other _____

Comments: Give EXTRA carton of milk twice
a day with meal - 30 days
Snack twice a day - 30 days

Date: 2/13/06 MD Signature: [Signature] Time: 1 pm

60418



SPECIAL NEEDS COMMUNICATION FORM

Date: 2-13-06

To: Doc

From: HCU

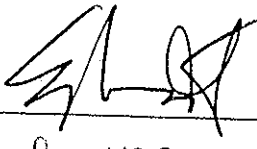
Inmate Name: Clackler Debra ID#: 159516

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Snack 2x day x 30 day
Extra milk 2x day x 30 day

Date: 2-13-06 MD Signature:  Time: 3 pm
Paul Manning RW

60418



SPECIAL NEEDS COMMUNICATION FORM

Date: 1-31-06To: DCCFrom: HCUInmate Name: Clackler, Debra ID#: 159516

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other (1) Turns - Kip - 90 days

Comments:

(do not take along with
Zantac)

(2) GTS - X - Kip - 90 days (Three daily)

(3) Low Bunk - 90 days

Date: 1/31/06 MD Signature: [Signature] Time: 1 PM



SPECIAL NEEDS COMMUNICATION FORM

Date: 12/30/05

To: DOC

From: HCU

Inmate Name: Cladker, Debra ID#: 159516

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Metamucil - KOP 180 days

Date: 12/30/05

MD Signature: _____

Time: 2 pm

60418

PHS0070



SPECIAL NEEDS COMMUNICATION FORM

Date: 11/3/05

To: DOC

From: HCU

Inmate Name: Clackler Debra ID#: 159511

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

- ① PLEASE TRANS PORT PATIENT TO HCU IN AFTER NOON between 4-6 pm when Abdomen is swollen & 4WK AS NEEDED
- ② Extra Pads & Tissue & 60 days

Date: 11/3/05 MD Signature: [Signature] Time: _____



SPECIAL NEEDS COMMUNICATION FORM

Date: 9-8-05

To: Doc

From: Health unit

Inmate Name: Clackler, Debra ID#: 159516

The following action is recommended for medical reasons:

1. ~~House in~~ Stay in - 5 days
2. Medical Isolation
3. ~~Work restrictions~~ work stop - 1 week
4. May have extra Extra Pads until 30 days
5. Other Extra Tissue 30 days

Comments:

Bottom Bunk - 180 days

Date: 9/8/05 MD Signature: [Signature] Time: 12 NOON

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) CLACKER DEBRA
 LAST FIRST MI
 DATE OF BIRTH 11/26/54 SS# 159516

Housing Recommendations:

General Population (1) HCU
 Medical Observation Unit in AM or PM on
 Lower Level/Lower Bunk 6/29/04
 Suicide Precautions For ward
 Special Watch (15 Minute Checks) check
 Isolation (2) work stop
 Initiate Universal Precautions x 3d

Individual found to be:

Frail/Elderly
 Physically Handicapped
 Developmentally Disabled
 Drug/Alcohol Withdrawal
 Special Mental Health Needs
 Expressed Suicidal Ideation
 History of Seizures
 Other
 Specify

Nurse [Signature] Date 6/27/05

PHS0073

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Chidley Lehman
LAST FIRST MI
DATE OF BIRTH 11/26/54 SS# 154 51 6

Housing Recommendations:

General Population _____
Medical Observation Unit _____
Lower Level/Lower Bunk _____
Suicide Precautions _____
Special Watch (15 Minute Checks) _____
Isolation _____
Initiate Universal Precautions _____

Clotrimazole
Vaginal cream
use N.S. 1.7 mg

Individual found to be:

Frail/Elderly _____
Physically Handicapped _____
Developmentally Disabled _____
Drug/Alcohol Withdrawal _____
Special Mental Health Needs _____
Expressed Suicidal Ideation _____
History of Seizures _____
Other _____
Specify _____

Nurse Smullin Date 6/23/05

PHS0074

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clecker, Debra
LAST FIRST MI

DATE OF BIRTH 11/26/57 SS# 159576

Housing Recommendations:

~~General Population _____~~
~~Medical Observation Unit _____~~
~~Lower Level/Lower Bunk _____~~
~~Suicide Precautions _____~~
~~Special Watch (15 Minute Checks) _____~~
~~Isolation _____~~
~~Initiate Universal Precautions _____~~

Bottom Bunk
Mobile 180 day

Individual found to be:

Frail/Elderly _____
Physically Handicapped _____
Developmentally Disabled _____
Drug/Alcohol Withdrawal _____
Special Mental Health Needs _____
Expressed Suicidal Ideation _____
History of Seizures _____
Other _____

Specify _____

Nurse J. B. [Signature] Date 4/12/05

PHS0075

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clackler, Debra
LAST FIRST MI
DATE OF BIRTH 11-26-54 SS# 157516

Housing Recommendations:

General Population _____
Medical Observation Unit _____
Lower Level/Lower Bunk _____
Suicide Precautions _____
Special Watch (15 Minute Checks) _____
Isolation _____
Initiate Universal Precautions _____

*no lifting
over 10 pounds
30 days*

Individual found to be:

Frail/Elderly _____
Physically Handicapped _____
Developmentally Disabled _____
Drug/Alcohol Withdrawal _____
Special Mental Health Needs _____
Expressed Suicidal Ideation _____
History of Seizures _____
Other _____

Specify _____

Nurse ELN Date 9-2-04

PHS0076

11-18-02

159516

"Healthy Teeth and Gums"

Healthy teeth and gums are all about proper dental care.

Proper brushing requires at least two minutes-30 seconds in each of the four areas of your mouth.

How to Brush:

1. To clean the outer surfaces of each tooth, tilt your toothbrush at a 45- degree angle against the gumline.
2. Move the brush back and forth, using short, gentle strokes.
3. Repeat this motion on the inside, outside and chewing surfaces of your teeth.
4. To clean the inner surfaces of your front teeth, hold the brush vertically and use gentle up-and-down strokes with the front part of the brush.
5. And for a fresher breath, brush your tongue also!

What type of toothbrush do I use?

A soft bristled toothbrush is best for removing harmful food and plaque.

After brushing, it's important to floss your teeth once a day.

If you don't floss, one leaves up to 35% of your tooth surfaces unclean. Flossing removes plaque and food where a toothbrush cannot reach.

How to Floss:

1. Floss daily, making sure you floss all your teeth by starting behind the upper molars at one side of your mouth and working to the other side. Repeat on your lower teeth.
2. Use about 18 inches of floss. Wind most of the floss around each middle finger leaving an inch of two to work with.
3. Using your thumbs and index finger, slide the taut floss between your teeth. Gently curve the floss around the tooth in a C-shape at the gumline.
4. Slide the floss gently up and down between the tooth and gum, making sure you go beneath the gumline. Use clean sections of the floss as you repeat on the rest of your teeth.

The dental department at your site offers x-rays, fillings, extractions, and other dental priorities in handling your concerns for your oral health care.

MEMO

Date February 24, 1994

FROM: Chaplain Winters

TO: Health Care Unit

REF: Premarital blood test

Enclosed is the approval for the marriage of
Debra J. Clackler #159516
scheduled for March 14, 1994 in the chapel

If you have not already received the \$15 from
her to pay for the test, you should receive
it shortly. Please see that she is called
back to the Health Care Unit in order to
have the blood work done.

When Debra Clackler
Has \$15.00 on Acct.
Send Check to
Quest Care

ck. 15244

\$15.00

3-4-94

BOC #183

PHS0078

JULIA TUTWILER PRISON FOR WOMEN
8966 HIGHWAY 231
WETUMPKA, ALABAMA 36092

Date: February 19, 1994

From: DuWayne V. Winters, Chaplain

To: Shirlee Lobmiller, Warden

Re: Marriage Approval

In accord with Administrative Regulation 107, I am recommending the approval of a marriage between Inmate Debra J. Clackler, #159516 and William M. Allen, Jr. They have been married to each other before and have two children together. I will be officiating the marriage ceremony.

All papers are in order.

The proposed date is Monday, March 14, 1994 at 7:30 p.m. in the chapel.


 approve

2/22/94 date

_____disapprove

_____date

In Christ's Service


Chaplain



PHYSICIANS' ORDERS

NAME:		DIAGNOSIS (If Chg'd)
D.O.B. / /		
ALLERGIES:		
Use Last Date / /		<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:		DIAGNOSIS (If Chg'd)
D.O.B. / /		
ALLERGIES:		
Use Fourth Date / /		<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clacker Debra 159516	6/27/05	DIAGNOSIS (If Chg'd) Schedule Mammogram - Abnd a post
D.O.B. 11/26/54	380	
ALLERGIES: Codeine	Lipin	
Use Third Date 6/27/05		<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clacker Debra 159516	6/27/05	DIAGNOSIS (If Chg'd) ① Return to Gen. pop today ② Return to the tomorrow (sund check) ③ Flagyl 500 BID x 7d ④ sched F/u Appt w/ Dr. Daly in 2 wks
D.O.B. 11/26/54	210	
ALLERGIES: Codeine	Lipin	
Use Second Date 6/27/05		<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clacker Debra 159516	6/27/05	DIAGNOSIS ① Admit to Supremacy ② Percoset tabs 4x q 4h for pain Ph. Dr. Williams / Adironak Rd
D.O.B. 11/26/54	6/27	
ALLERGIES: codeine		
Use First Date 6/27/05		<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Chandler, Debra</i>	DIAGNOSIS (If Chg'd) <i>zantac</i>
D.O.B. <i>11/26/54</i>	<i>Flasyl 500mg PO BID</i>
ALLERGIES: <i>codeine</i>	<i>Penicillin = 8m PO BID</i> XIKS
Use Second Date <i>3/20/06</i>	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <i>much more</i>
NAME: <i>Chandler, Debra</i>	DIAGNOSIS
D.O.B. <i>159516</i>	<i>2) Prilosec 20mg PO qd x 90d</i>
ALLERGIES: <i>Amoxicillin</i>	<i>3) HCU 5/6 100</i>
Use First Date <i>2/14/06</i>	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <i>g/h/k</i>



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clackler, Debra	DIAGNOSIS: Snack twice a day
D.O.B. 159516	
ALLERGIES: Amex	
Use First Date 2/13/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: codeine Use Last Date 2/13/06	DIAGNOSIS (If Chg'd) Continue Tetracycline + Plavix as ordered - 1 more week Apt M Williams - suspect ulcer <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clackler Debra 159516 D.O.B. 11/26/54 ALLERGIES: codeine Use Fourth Date 2/2/06	DIAGNOSIS (If Chg'd) Tetracycline 500 po BID - X 14 days Plavix 500 + po BID - 14 days See me 2 weeks <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: codeine Use Third Date 1/3/06	DIAGNOSIS (If Chg'd) Pulcolax II prn - 90 day H. Pylori fixer See me 12 weeks <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: codeine Use Second Date 1/3/06	DIAGNOSIS (If Chg'd) 1) Tums - Kop - 90 day - II bid 2) increase Zantac to 300 mg po BID - 90 day - Kop 3) GAS-X - Kop - use tid - 90 day <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: codeine Use First Date 1/18/06	DIAGNOSIS 1) Provect 10 mg po BID X 5 days 2) Zantac 150 po BID - 30 day 3) Reducta 3 weeks (KOP) <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Use Last Date 01/17/04 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED	DIAGNOSIS (If Chg'd) Rx DR Englehardt (routine)
NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Use Fourth Date 12/30/05 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED	DIAGNOSIS (If Chg'd) Metamucil-Kol 180 day noted 12/30/05 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Use Third Date 12/19/05 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED	DIAGNOSIS (If Chg'd) Fhe 654V Report & Dr Englehardt <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Codeine Use Second Date 12/2/05 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED	DIAGNOSIS (If Chg'd) Mytqbs Ti PO X 30d noted 12/2/05 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Codeine Use First Date 11/16/05 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED	DIAGNOSIS Pelvic ultrasound noted 11/17/05 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: Clackler, Debra
159516

D.O.B. 11/26/54

ALLERGIES: Codeine

Use Last

Date

11/18/05

DIAGNOSIS (If Chg'd)

① LASIX 20 mg po daily x 5 days
② Schedule pelvic ultrasound
③ provera 10 mg daily x 14 days
④ See me 2 weeks

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Clackler Debra
159516

D.O.B. 11/26/54

ALLERGIES:

Use Fourth

Date

11/3/05

DIAGNOSIS (If Chg'd)

① TET, LFTS / Comp Panel, CBC ✓
② D/C INH, BG RT - TREATED
2/03 - 11/03
③ Flv Dr england + perimenstrual
PERIOD.

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Clackler, Debra
159516

D.O.B. 11/26/54

ALLERGIES: CODEINE

Use Third

Date

10/15/05

DIAGNOSIS (If Chg'd)

① Urine CTS, Col ct
② Urine 9 magnesium 30cc po
x 90 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Clackler Debra

D.O.B. 11/26/54

ALLERGIES:

Use Second

Date

9/16/05

DIAGNOSIS (If Chg'd)

WED Next wk w/ mg TSA

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Clackler, Debra
159511

D.O.B. 11/26/54

ALLERGIES: Codeine

Use First

Date

9/8/05

DIAGNOSIS

① Phenergan 25 mg po BID po
x 5 days
② Provera 10 mg po daily 14 days
③ See me 2 weeks for prog

☐ GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME: Clackler, Debra
159511

D.O.B. 11/26/54

ALLERGIES: CODEINE

Use Last

Date

9/7/05

DIAGNOSIS (If Chg'd)

Lipid profile, RPR
EKG - annual

V.O. Dr Williams / P.T. / J

9/7/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Clacker, Debra
159511

D.O.B. 11/26/54

ALLERGIES: CODEINE

Use Fourth

Date

1 / 1

DIAGNOSIS (If Chg'd)

MOM 30 LCBIDPAX 14 d

Abd flat / up / right / X-ray

PR BCU

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

Clacker

Debra

159511

D.O.B. 11/26/54

ALLERGIES:

Smith LA
8/8/05
8/12/05

Use Third

Date

8/11/05

DIAGNOSIS (If Chg'd)

1 CXR

2 LFTS

3 INH 900 mg Tues & Thur x 9 months

4 Vit B6 50 mg po Tues & Thur x 9 months

5 LFTS w 3 months

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

Clacker, Debra

159511

D.O.B. 11/26/54

ALLERGIES: Codeine

Use Second

Date

8/11/05

DIAGNOSIS (If Chg'd)

1 KUB

2 Flu HCU 4hrs wk

3

4

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PHYSICIANS' ORDERS

NAME: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Clucky, Shana</i> 159516 D.O.B. 11/12/54 ALLERGIES: <i>codium</i> <i>Amulur 6/23/05 6pm</i>	DIAGNOSIS (If Chg'd) <i>① Cytomegalic vaginal cream</i> <i>use H.S & T. night</i> <i>per protocol Dr Williams / Amulur</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <i>H. May</i>
NAME: <i>Clacker Debra</i> D.O.B. / / ALLERGIES: Use Second Date <i>6/20/05</i>	DIAGNOSIS (If Chg'd) <i>Neurogram</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <i>H. May</i>
NAME: <i>Clacker Debra</i> 159516 D.O.B. / / ALLERGIES: <i>Codium</i> Use First Date <i>6/11/05</i>	DIAGNOSIS <i>① May Cytomegalic 1 bottle now</i> <i>② Zovirax 1500mg & po. Bz x 10 days</i> <i>per protocol Dr Williams / Amulur</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <i>6/11/05</i>



PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Third Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Second Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: *Clashley Selma*
159516

DIAGNOSIS

D.O.B. *11/26/54*ALLERGIES: *codeine*Use First Date *5/27/05*☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Clackler, Debra</i>	DIAGNOSIS <i>Schedule Excision lipoma</i>
<i>155516</i>	<i>Dr Daly</i>
D.O.B. <i>11/24/54</i>	
ALLERGIES: <i>codeine</i>	
Use First Date <i>1/7/05</i>	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Third Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Second Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Chackler Debra</i> D.O.B. <i>159516</i> ALLERGIES: <i>Codamine</i> Use First Date <i>5/8/05</i>	DIAGNOSIS <i>① Metaxone 500 mg Bid x 100 days</i> <i>Copied order Dr. Pearson 7/11/05 Corrine Lee</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: <i>Clecker, Debra</i> 159 516 4/2/05	DIAGNOSIS (If Chg'd) ④ Consult Dr. Daily regarding Bilat Side Pain ⑤ Consult w/ Dr. of Abd & Pelvic DX Bilat Side pain
D.O.B. 11/26/54	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
ALLERGIES: <i>Codeine</i>	
Use Fourth Date 7/12/05	
NAME: <i>Clecker, Debra</i> 159 516 4/12/05	DIAGNOSIS (If Chg'd) ④ Bottom Back pain ① W/S of Abd & pelvic
D.O.B. 11/26/54	② Metamucil Powder 2 tsp in 1 glass water B.I.D. X 100 days per ③ Schedule for Monogram.
ALLERGIES: <i>Codeine</i>	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
Use Third Date 7/12/05	
NAME: <i>Clecker, Debra</i> 159 516	DIAGNOSIS (If Chg'd) ④ PPD in past - CXR
D.O.B. 11/26/54	
ALLERGIES: <i>Codeine</i> 4/14/05	per protocol / Dr. Englehart / G. Biniach
Use Second Date 4/14/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: <i>Clecker, Debra</i> 159 516	DIAGNOSIS ① Metamucil 1 Pack. Bid Per X 30 day
D.O.B. 11/26/54	per protocol Dr. Englehart / Smullin
ALLERGIES: <i>Codeine</i>	
Use First Date 2/28/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler, Debra 159516	DIAGNOSIS (If Chg'd) Return from Louisiana
D.O.B. 11/24/54	
ALLERGIES: Codeine	
Use Second Date 3/18/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler Debra 159516	DIAGNOSIS Colace 100mg ¹¹ / ₁₁ po BID x 180 days
D.O.B. 11/24/54	V.O. Mr. Engharath - Will be in
ALLERGIES: Codeine	(2) See me in 3 weeks
Use First Date 10/11/04	(2) Max Citrak 1 bottle Tues & Friday
	x 30 days.
	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler, Debra 159516	DIAGNOSIS (If Chg'd) Macrodantin 100mg \div bid x 10 days V. Dr. Englehardt / C. Dillard 9/19
D.O.B. 11/26/54	
ALLERGIES: Codeine	
Use Second Date 9/19/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler, Debra 159516	DIAGNOSIS Pyridium 200mg \div bid x 3 days Motrin 600mg \div bid x 3 days V. Dr. Englehardt / C. Dillard 9/19
D.O.B. 11/26/54	
ALLERGIES: Codeine	
Use First Date 9/19/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

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PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler, Debra 159516	DIAGNOSIS (If Chg'd) Anxialien 500 po BID X 10 days
D.O.B. 11/26/54	
ALLERGIES: wheezing	
Use Second Date 9/17/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Clackler, Debra 159516	DIAGNOSIS Dulcolax ii PO QHS X 6 days PRN
D.O.B. 11/26/54	J.O. Dr. Engelhardt / Dr. Clackler
ALLERGIES: Cocaine	
Use First Date 09/06/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



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PHYSICIANS' ORDERS

NAME: Clacker, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Codeine Use Last Date 9/12/04	DIAGNOSIS (If Chg'd) ① Amylase, lipase ② urine cts, col ct ③ stop Pepto ④ Reglan 10 mg po BID - 90 days ⑤ Recheck 2 weeks <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clacker, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Codeine Use Fourth Date 8/18/04	DIAGNOSIS (If Chg'd) ① Amylase lipase ② Pepto 10 mg po BID - 30 days ③ Zantac 300 po BID - 30 days ④ Recheck 3 weeks <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clacker, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Codeine Use Third Date 7/21/04	DIAGNOSIS (If Chg'd) Zantac 150 mg T po BID X 30 days - 1 cop Recheck - 4 weeks <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clacker, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Codeine Use Second Date 7/17/04	DIAGNOSIS (If Chg'd) ① Zantac 150 mg qd x 30 days ② Tylenol 325 - 2 tabs BID X 14 days ③ Recheck in 3 wk <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Clacker, Debra 159516 D.O.B. 11/26/54 ALLERGIES: Codeine Use First Date 6/24/04	DIAGNOSIS ① May, citrate 1 bottle now ② Colace 100mg 7 po 2/3rd x 5 days ③ Colace 100mg 7 po 2/3rd x 5 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

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PHYSICIANS' ORDERS

NAME: Clackler, Debra
159516

D.O.B. 11/26/54

ALLERGIES: Codeine

Use Last Date 5/29/04

DIAGNOSIS (If Chg'd)

Tylenol 325 mg po BID x 10 days
Dannal 100 mg po BID x 5 days☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Clackler, Debra
159516

D.O.B. 11/26/54

ALLERGIES: Codeine

Use Fourth Date 5/21/04

DIAGNOSIS (If Chg'd) noted 5/23 @ 1:58 pm

Phenytoin 25 mg po BID x 3 days
Dannal 100 mg po BID x 5 days☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Clackler, Debra

159516

D.O.B. 11/26/54

ALLERGIES: Codeine

Use Third Date 5/10/04

DIAGNOSIS (If Chg'd)

PenVK 500 mg po BID x 7 days
Motrin 600 mg po BID x 5 days☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Clackler, Debra
159516

D.O.B. 11/26/54

ALLERGIES: Codeine

Use Second Date 4/26/04

DIAGNOSIS (If Chg'd)

① checked 4 weeks

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Clackler, Debra
159516

D.O.B. 11/26/54

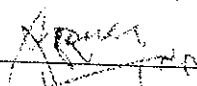
ALLERGIES: Codeine

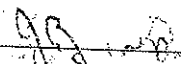
Use First Date 4/19/04

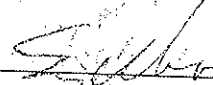
DIAGNOSIS

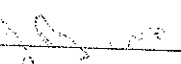
Motrin 600 mg po BID x 3 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Name	<u>Clincher Deben J</u>	Middle Initial	
Date	<u>2/16/04</u>	Allergies	<u>Codexone</u>
SIG.	long term using Pro X 5 days Ciprofloxacin 500 mg BID x 5 days 159516		
Physician Signature:	 Dr. J. Deben Clincher		
AIS #		159516	
Facility		Jant	
Discontinue		noted 02/17	
Continue		02/17	
Increase		230pm	
Decrease		02/17	

Name	<u>Clincher Deben J</u>	Middle Initial	
Date	<u>10/18/03</u>	Allergies	<u>Codexone</u>
SIG.	Fin 1500 mg BID x 10 days 10 mg BID x 10 days 100 mg BID x 10 days 159516		
Physician Signature:	 Dr. J. Deben Clincher		
AIS #		159516	
Facility		TVT	
Discontinue		noted 10/18/03	
Continue		02/17	
Increase		02/17	
Decrease		02/17	

Name	<u>Clincher Deben J</u>	Middle Initial	
Date	<u>9/24/03</u>	Allergies	<u>Codexone</u>
SIG.	159516 11-4-03 159516		
Physician Signature:	 Dr. J. Deben Clincher		
AIS #		159516	
Facility		TVT	
Discontinue		noted 9/24/03	
Continue		02/17	
Increase		02/17	
Decrease		02/17	

Name	<u>Clincher Deben J</u>	Middle Initial	
Date	<u>9/19/03</u>	Allergies	<u>Codexone</u>
SIG.	TSM, Ty, CBC, RBC, MCH 159516 159516		
Physician Signature:	 Dr. J. Deben Clincher		
AIS #		159516	
Facility		TVT	
Discontinue		noted 9/19/03	
Continue		02/17	
Increase		02/17	
Decrease		02/17	

Name	Last <u>Clacker</u> First <u>Debra</u> Middle Initial	AIS #	<u>159516</u>
Date	<u>8/4/03</u> Allergies <u>Codeine</u>	Facility	<u>T-7</u>
SIG.	<u>CBC, Comp Met</u> <u>Fe 254 325 mg T QD X 150 d Twp</u> <u>colace 100 mg Bn X 150 d Twp</u>	Discontinue	<u>S. Horton</u> <u>8/4/03</u> <u>1200</u>
Physician Signature:	<u>[Signature]</u>	Continue	
		Increase	
		Decrease	

NC002

Name	Last <u>Clacker</u> First <u>Debra</u> Middle Initial	AIS #	<u>159516</u>
Date	<u>4/18/03</u> Allergies <u>Codeine</u>	Facility	<u>JTP</u>
SIG.	<u>INH 3007 PO QD X 9 MONTHS</u> <u>LFT</u> <u>Sputum for AF Bx</u> <u>VD Dr Engelhardt (D) Bn</u> <u>36 50 mg PO QD</u> <u>X 30 days</u>	Discontinue	<u>S. Horton</u> <u>4/18/03</u> <u>1 PM</u>
Physician Signature:	<u>[Signature]</u>	Continue	
		Increase	
		Decrease	

NC002

Name	Last <u>Clacker</u> First Middle Initial	AIS #	<u>159516</u>
Date	<u>4/15/03</u> Allergies <u>Codeine</u>	Facility	<u>JTP</u>
SIG.	<u>Recheck 3 wks</u> <u>[Signature]</u>	Discontinue	<u>S. Horton</u> <u>4/15/03</u> <u>3 PM</u>
Physician Signature:	<u>[Signature]</u>	Continue	
		Increase	
		Decrease	

NC002

Name	Last <u>Clacker</u> First <u>Debra</u> Middle Initial	AIS #	<u>159516</u>
Date	<u>4/4/03</u> Allergies <u>Codeine</u>	Facility	<u>T-7</u>
SIG.	<u>Inul 25 mg s h X 150 d</u> <u>AMMAGIUM</u>	Discontinue	<u>S. Horton</u> <u>4/4/03</u> <u>2 PM</u>
Physician Signature:	<u>[Signature]</u>	Continue	
		Increase	
		Decrease	

PHS0098

Name	Last <u>Clackey</u> First <u>Debra</u> Middle Initial	AIS #	<u>157516</u>
Date	<u>3/5/03</u> Allergies <u>Codine</u>	Facility	<u>TUT</u>
SIG.		Discontinue <u>from 8/4/03</u>	
Regent Mammogram ~ 2 months		Continue <u>3/5/03</u>	
Alavil 25 mg 5 hrs x 30 days		Increase	
Tylenol 325 mg TID PO BID x 30 days		Decrease	
Recheck 30 days			
Physician Signature: <u>J. J. [Signature]</u>			

NC002

Name	Last <u>Clackey</u> First <u>Debra</u> Middle Initial	AIS #	<u>157516</u>
Date	<u>2-26-03</u> Allergies <u>Codine</u>	Facility	<u>TUT</u>
SIG.		Discontinue <u>from 1/26/03</u>	
Motrin 600 mg bid x 3 days		Continue <u>4/26/03</u>	
		Increase <u>6:30 pm</u>	
Physician Signature: <u>M. Anderson MD</u>		Decrease	

NC002

Name	Last <u>Clackey</u> First <u>Debra</u> Middle Initial	AIS #	<u>159516</u>
Date	<u>1-23-03</u> Allergies <u>Codine</u>	Facility	<u>Tutunler</u>
SIG.		Discontinue <u>from 8/4/03</u>	
① SGOT 1/27/03		Continue <u>1/23/03</u>	
② INH 300mg QD x 9 months		Increase	
275 days when Available		Decrease	
Physician Signature: <u>[Signature]</u>			

NC002

Name	Last <u>Clackey</u> First <u>Debra</u> Middle Initial	AIS #	<u>159516</u>
Date	<u>11/20/02</u> Allergies <u>Codine</u>	Facility	<u>TUT</u>
SIG.		Discontinue <u>from 11/21/02</u>	
Schedule PMP		Continue <u>11/21/02</u>	
		Increase <u>11/21/02</u>	
Physician Signature: <u>[Signature]</u>		Decrease	

PHS0099

NC002

Name	Last <u>Clacker</u> First <u>Debra</u> Middle Initial	AIS # <u>159 516</u>
Date	<u>10-30-02</u> Allergies <u>Codaine</u>	Facility <u>Tru</u>
SIG.	<u>Post. Breast ultrasound</u> <u>See me 3 weeks</u>	Discontinue <u>2/2/03</u> Continue <u>10/31/02</u> Increase Decrease
Physician Signature: <u>[Signature]</u>		

NC002

Name	Last <u>Clacker</u> First <u>Debra</u> Middle Initial	AIS # <u>159 516</u>
Date	<u>10-30-02</u> Allergies <u>Codaine</u>	Facility <u>Tru</u>
SIG.	<u>Post. Breast ultrasound</u> <u>See me 3 weeks</u>	Discontinue Continue Increase Decrease
Physician Signature: <u>[Signature]</u>		

NC002

Name	Last <u>Clacker</u> First <u>Debra</u> Middle Initial	AIS # <u>159 516</u>
Date	<u>10-15-02</u> Allergies <u>Codaine</u>	Facility <u>Tru</u>
SIG.	<u>See me 6 mos</u>	Discontinue Continue Increase Decrease
Physician Signature: <u>[Signature]</u>		

NC002

Name	Last <u>Clacker</u> First <u>Debra</u> Middle Initial	AIS # <u>159 516</u>
Date	<u>9-20-02</u> Allergies <u>Codaine</u>	Facility <u>Tru</u>
SIG.	<u>See me 2 weeks</u>	Discontinue Continue Increase
Physician Signature: <u>[Signature]</u>		

PHS0100

Name	^{Last} Clackton ^{First} De ^{Middle Initial} 101	AIS #	159516
Date	9-10-02 Allergies	Facility	T2T
SIG.	1/2 M amoxicillin See me 4 weeks Physician Signature: <i>[Signature]</i>		
		Discontinue	
		Continue	<i>nfr</i>
		Increase	9/10/02
		Decrease	

NC002

Name	^{Last} Clackton ^{First} Debra ^{Middle Initial}	AIS #	159516
Date	9-9 Allergies	Facility	T2T
SIG.	Put on List Physician Signature: <i>[Signature]</i>		
		Discontinue	
		Continue	<i>[Signature]</i>
		Increase	9-9-02
		Decrease	5 36yr

NC002

Name	^{Last} Clackton ^{First} Debra ^{Middle Initial}	AIS #	159516
Date	12-21-01 Allergies	Facility	T2T
SIG.	Tylenol II BID x 32 days CTM 400 BID x 32 days Physician Signature: <i>[Signature]</i>		
		Discontinue	
		Continue	<i>[Signature]</i>
		Increase	<i>nfr</i>
		Decrease	12-21-01

NC002

Name	^{Last} Clackton ^{First} Debra ^{Middle Initial}	AIS #	159516
Date	10-26-01 Allergies	Facility	T2T
SIG.	Motrin 600 tid x 32 days To get him Physician Signature: <i>[Signature]</i>		
		Discontinue	
		Continue	<i>[Signature]</i>
		Increase	
		Decrease	

PHS0101

NAME _____	AIS# _____
DATE _____	FACILITY _____
Physician Signature: _____	DISCONTINUE
	CONTINUE
	INCREASE
	DECREASE

NAME <u>Clackler, Debra</u>	AIS# <u>159516</u>
DATE <u>8/18/98</u>	FACILITY <u>Emc</u>
SIG. <u>Na presyn 375</u> <u>1/2 PO 12h TID 120</u> <u>1/10 d work x 2 incl</u>	DISCONTINUE
Physician Signature: <u>[Signature]</u>	CONTINUE
	INCREASE
	DECREASE

NAME <u>Clackler, Debra</u>	AIS# <u>159516</u>
DATE <u>7/13/96</u> <u>V/HO</u>	FACILITY <u>Int</u>
SIG. <u>EKG</u> <u>Lab work - Cholesterol level</u>	DISCONTINUE
Physician Signature: <u>[Signature]</u>	CONTINUE
	INCREASE
	DECREASE

NAME <u>Clackler, Debra</u>	AIS# <u>159516</u>
DATE <u>1-4-96</u>	FACILITY <u>ITA</u>
SIG. <u>Rx Motrin 600mg</u> <u>PO tid x 3 days</u>	DISCONTINUE
Physician Signature: <u>[Signature]</u>	CONTINUE
	INCREASE
	DECREASE

- 3/20/06 T-988 P-50 R-16 BP 114/72 Wt 167
- ② Pt here for FU on long standing GI problems. Current symptoms HTA, nausea, acid reflux, constipation & bloating.
 Pt started tx for H. Pylori (clarif, bismol but didn't complete therapy (she says d/t nursing error) She reports HTA resolved while on antibiotics Requests another round of same tx
- ③ A.O. NTD - talks until interrupted
 Abd - soft, hypo active BS diffuse periumbilical tenderness & masses (organomegaly)
 medline scar from (ladder surgery)
- ④ Incomplete tx & 7 mo ago
 reflux - consider PPI
 personality 2 to
- ⑤ Will Repeat antibiotics (bismol pt unclear if she completed Regime or not)
 Continue acid suppress
- ⑥ Meds, plan of care
- Mufford



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PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
1/31/06	Clackler, Debra	1 / 1
	<p>pt is 40 abd pain - epigastric; burning constant + → radiating to back Denies dark stools. Non-smoker. Bloats Similar 40 off & on for a year - GAS-X helps. She is on Zantac 150 - Occ constipation -</p> <p>pt had menses in response to recent provera administration</p> <p>O: Rectal → Brown stool: <u>guaiac (+)</u></p> <p>A: BLU duodenal ulcer</p> <p>P: H. pylori titers today ↑ Zantac to 300 bid Pain Koj - GAS-X Koj PRN dulcolax Recheck 1-2 wks</p> <p style="text-align: right;">Egbert</p>	

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159516

Date/Time

Inmate's Name:

Jackler, Debra

D.O.B.: 11/26/54

11/8/05

50 y.o. - bleeding for 3 weeks -
 She required provera in September
 for similar problem. Bleeding has
 not been normal since 4/05 -
 At Houtz -

(Rg OK 10/6/05)

Prev. notes reviewed
 No pelvic repeated

A: DUB - perimenopausal pt

P: Lsx 20 y x 5 days
 provera 20mg x 14 days

Pelvic ultrasound requested - she
 will need D+C if thickened
 endometrium is present
 Redback 2 weeks

12/30/05 - H/A. pt has had 2 normal periods!!
 periods. Her u/s is reviewed - uterus
 slightly enlarged; 2 small leiomyomata -
 (compatible w/ my exams in Sept.)
 She would like softener renewed

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PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
11-3-05	Clackler, Debra	11/26/54
	T- 98° P- 54 R- 20 BP- 133/67 WT- 165	
50yrs	PT Reports Dub Bleeding since 10/18/05 + cramping + mod abdominal discomfort. Treated by Dr. Englehardt - App done 10/5/05 Exam - Normal pelvic. Stool guaiac ⊕ Hx Constipation - Treated w/ MOM. States Axel Region is sore - belt line. Currently Reports Pain to ② Rib margin ② ④ SIDE - Lingual Remains GBS. Stomach swelling AFTER TINGLY SENSATION. GB surgery 88 - Ectopic - Non emergent MIDLINE Surg Tubal 79" - umbilical procedure PT Reports INH 2-03 - 11-03 AT Tutu Wiler Prison. PT Reports Sept by APPOINT - ② T.B. @ Tutu Wiler. States SHE spoke w/ MR. BEE - MOD - cont. KEEPT. INCARCERATED x 16 yrs. AFB VBS Chest - WAD HEENT - unremarkable. CV: RRR S2S2 Lungs: Clear (B) ABG: Mid - line scar 2° Surgery chest closed w/ midline hernia - sport resolves w/ incarceration. ⊕ BS Ovarian cyst or Rebound. ⊕ Cyst ② Side Small Lipoma 2 cm size on Exam ② Mid Axillary line. A: OABS Hernia - No evidence of strangulation. R: ② INH 2-03 - 11-03 AT Tutu Wiler Prison. PT Reports Cyst ② Side Small Lipoma 2 cm size on Exam ② Mid Axillary line. Complete Both Sides Before Using Another Sheet PT Reports Cyst ② Side Small Lipoma 2 cm size on Exam ② Mid Axillary line.	

PHS0106

10/3/05 T-98⁸ P-50 R-16 BP-122/76 WT-169

(3) Pt thinks she is here for her PAP - on list for
 KU on TSH. Mother + sister o hypothyroid

(1) A10 NAD

HBBNT - WNL p masses p ophthalmia
 HRRN

(A) TSH

(2) Will consult o Dr Williams in AM.

10/5/05 In o Dr Englehardt for gyn concern Mrs Debra
 T-98⁸ P-55 R-20 BP-110/70 WT-167

40 pain @ HQ; Dysuria, + constipation
 For Annual - B&P, Pap
 Current o mammograms (7-05)

U- Br: Normal - soft + sym.

Abd - flex - Liver NF - soft -
 + no mass

Pelvis: Vulva, Vag, Cox - Normal
 uterus + adnexa Normal
 Stool hemoccult (-)

A: R/O HTI

P: Pap

cerical culture

urine CTS - Col CT

loxafes for

Eph



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PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
9/2/04	Clac Khen	1 / 1
	99.2 120/74 56 18 c/o dysuria	
	fla - c/o swelling & pain abd just passed	
	she did better - only 1 stool a day	
	abd soft - no blood drainage	
	A. (?) source of pain -	
	P: lipase, amylase	
	urine CTS	
	Try Acetone	
	Stop beauty	
	See 2 wks	
		ELH
9/6/04	note: Normal Amylase & Lipase	
		ELH
9.7.04	urine CTS → 100,000 col B. strep -	
	Will treat (UTI)	
		ELH
9/13/04	fla - pt feels well - has had 6 days of Rx for	
	strep cystitis -	
	P: complete Amoxicillin - See per	